

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Paul E. Salyer) Group:
Serial No.:)
Filed: November 25, 2003) Examiner:
Title: ORTHOPAEDIC ROTARY REAMER WITH)
IMPLANT COMPLIANT CUTTING TEETH)

INFORMATION DISCLOSURE STATEMENT

MS DD
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

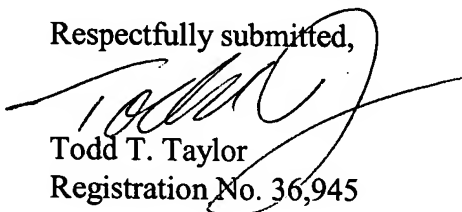
Sir:

Applicant wishes to bring to the attention of the Examiner the documents identified on the attached form PTO-1449. Applicant respectfully requests that these documents be made of record in the present application.

A copy of each of the documents is enclosed.

In the event Applicant has overlooked the need for a payment of fee, or additional payment of fee, or have overpaid a fee, Applicant hereby conditionally petitions therefor and authorizes that any charges or credits be made to Deposit Account No. 20-0095, TAYLOR & AUST, P.C.

Respectfully submitted,



Todd T. Taylor
Registration No. 36,945

Attorney for Applicant

TTT/dc

TAYLOR & AUST, P.C.
142 S. Main St.
P.O. Box 560
Avilla, IN 46710
Telephone: 260-897-3400
Facsimile: 260-897-9300

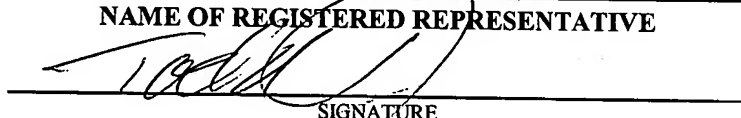
Encs.: Form PTO-1449
Return Postcard

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS DD, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: November 25, 2003.

Todd T. Taylor, Reg. No. 36,945

NAME OF REGISTERED REPRESENTATIVE



SIGNATURE

November 25, 2003

DATE

ATTORNEY DOCKET NO.:
SMI0100.US

SERIAL NO:

INFORMATION DISCLOSURE STATEMENT

APPLICANT:
Paul E. SalyerFILING DATE:
November 25, 2003

GROUP:

U.S. PATENT DOCUMENTS

Examiner Initial *		Document No.	Date	Name	Class	Subclass	Filing Date
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

							Translation	
		Document No.	Date	Country	Class	Subclass	Yes	No
	AL	03/059178	7/2003	PCT	A61B 17	16		X
	AM							
	AN							
	AO							
	AP							

OTHER REFERENCES (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

EXAMINER:

DATE CONSIDERED:

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.